

## **Future Systems Technology Advisory Panel**

November 5 and November 6, 2009  
Omni Shoreham Hotel  
Washington, D.C. 20008

### **Minutes**

1. The Future Systems Technology Advisory Panel held its fifth meeting on November 5, 2009 from 10:00 A.M. to 5:00 P.M. and on November 6, 2009 from 8:30 A.M. to 12:00 P.M. in the Empire Ballroom of the Omni Shoreham Hotel in Washington, D.C. The meeting was open to the public from 10:00 A.M. to 5:00 P.M. on the first day and from 8:30 A.M. to 12:00 P.M. on the second day.
2. Attendees included:
  - a. Future Systems Technology Advisory Panel members:
    - Gregory E. Buoncontri, Executive Vice President and CIO, Pitney Bowes, Inc.
    - John D. Halamka, MD, MS, Harvard University, CIO, Harvard Medical School, CIO, Beth Israel Deaconess Medical Center. Note: Dr. Halamka was available by telephone only.
    - Henry C. Lucas, Jr., Department Chair and Smith Professor of Information Systems, University of Maryland. Note: Mr. Lucas was present on November 5, 2009.
    - Maria R. Morris, Executive Vice President, Technology & Operations, MetLife, Inc. Note: Ms. Morris was present on November 5, 2009
    - Alan Balutis, Director of the North American Public Sector, Cisco Systems' Business Solutions Group
    - Blaise Heltai, Founder, Genus2 Technology
    - David McClure, Associate Administrator, Citizen Services and Communications, U.S. General Services Administration
    - CJ Moses, Senior Manager, Amazon Web Services

#### **Social Security Administration Officials:**

- Jason Fichtner, Chief Economist
- Michael Gallagher, Deputy Commissioner of Budget Finance and Management
- Stephanie Hall, Acting Assistant Deputy Commissioner of Budget Finance and Management
- Bill Gray, Deputy Commissioner for Systems
- Frank Baitman, Chief Information Officer
- Greg Pace, Deputy Chief Information Officer
- Jim Borland, Special Advisor for Health IT
- Amy Thompson, Deputy Special Advisor for Health IT
- Patrick O'Carroll, Inspector General
- Jim Kissko, Deputy Inspector General
- Steve Schaeffer, Assistant Inspector for Audits

1. Social Security Administration Staff: Dianne Rose, Designated Federal Officer (DFO)
  2. Members of the Public who presented oral or written statements:  
Comment by Jeff Guild of the Computer and Communications Industry Association.
  3. Other members of the public: Several members of the public attended the meeting
3. Description of matters:

- a. Welcoming remarks: Alan Balutis, panel Chairman, made welcoming remarks. Panel members and agency officials introduced themselves.

Dianne Rose introduced herself and members of the panel support staff. She discussed the meeting agenda and completed action items.

The panel was advised that a Social Security number request cannot be initiated for an unnamed infant; the full name must be provided.

The panel asked for a briefing on the Michigan Reconsideration Pilot and this will be arranged.

- b. Low Hanging Fruit Quick Victories Report – Agency Response was presented by Bill Gray, Deputy Commissioner for the Office of Systems and Frank Baitman, Chief Information Officer.

The agency responded to the panel's recommendations concerning the electronic folder, enhancements to the electronic disability claims process, systems security access, disability claims processing and to a recommendation that the agency utilize an IRS model to promote increased internet business interaction with the agency.

The panel suggested that the agency provide stronger support, for electronic services, electronic processes and enhancements and find ways to encourage and develop incentives to push greater use of online services.

- c. OIG's Information Technology Audit Workload: Past and Future was presented by Patrick P. O'Carroll, Jr., Inspector General, Social Security Administration, James A. Kissko, Deputy Inspector General, Social Security Administration and Steven L. Schaeffer, Assistant Inspector for Audit, Office of the Inspector General, Social Security Administration.

The panel heard a briefing on the Inspector General Act of 1978 and the creation of the SSA Office of the Inspector General (OIG) in 1995, OIG's role in providing independent oversight of many federal agencies, conducting independent audits and making recommendations to improve efficiency, reduce waste, fraud and abuse and it heard that IG findings are reported to the Commissioner and to Congress.

The panel heard that the IG identified the need for SSA to have a greater strategic view rather than a tactical view in planning for IT resources. It heard that the IG has identified several deficiencies in the agency's overall IT capital planning and investment process. It also heard that the agency faces major management challenges as it develops the needed long-term IT strategy.

The panel heard discussion concerning several OIG audits and audit reports which align with FSTAP panel subcommittee work on Data Center Migration, Backlog Management, Re-imaging SSA, Authentication, Privacy, and Fraud Detection, Legacy Systems Conversion and Systems Development, and Health Information Technology. The panel heard discussion concerning OIG's audit selection methodology, the data centers, the agency's recovery plan, migration of data between sites and use of industry best practices in data center replacement strategy and the self-help personal computer pilot. The panel also heard discussion concerning the agency's computer security program compliance, centralized versus decentralized management structures and incomplete planning within the agency.

The panel heard a discussion on the limiting effect of the agency's aversion to risk within the authentication process and GSA's earlier attempt at across-government authentication. It also heard a discussion on a review of roles and responsibilities in information security.

The panel heard that the OIG recommends a robust and independent Chief Information Officer function with a full breadth of functions, responsibility and authority as provided under the Clinger-Cohen Act. OIG also recommends that the CIO have responsibility for setting policy, providing oversight and ensuring policy implementation.

The panel requested copies of the Clinger-Cohen Act and the copies of the audits the OIG provided to the agency. The panel recommended that the OIG review the Clinger-Cohen Act report language for specific implementation guidance. The panel also recommended that OIG receive copies of the panel's reports.

The panel heard that the legacy systems conversion process is underway and that the OIG will provide lessons learned for the conversion of remaining files.

OIG discussed various actions the agency has taken concerning HIT and found that it developed an adequate HIT spending plan.

- d. Health Information Technology Subcommittee Update presented by Blaise Heltai, Subcommittee Chair.

Dr. John Halamka joined the discussion by telephone conference call.

The subcommittee discussed proactive identification of points of leverage that may affect HIT outcomes in both the short and long term, the universe of medical claims and medical disability decisions, requests for and sources of medical

information and the agency's payment for medical evidence. The subcommittee discussed the MEGAHIT process, data conversion and storage of the TIFF (Tagged Image File Format) image in the electronic folder, structured and unstructured data and the incremental release of MEGAHIT functionality.

The subcommittee described standardization, data exchange using a universal electronic format and internet technology, projected return on investment provided by automated analysis of information and the use of a set of disability impairment rules over multiple HIT documents. They discussed the need for a long term HIT vision as part of an ultimate disability service model, the effect of evolving standards on HIT adoption, incentives for HIT implementation and the use of Stimulus funds for this purpose, meaningful use of electronic health care technology and partnering with VA and DOD to push standards adoption. The subcommittee discussed HIT integration within a complete disability delivery vision, HIT's role in the use of medical evidence and industry forces that affect the development of appropriate standards.

- e. Legacy Systems Conversion and Systems Development Subcommittee Update presented by Blaise Heltai on behalf of Andy Buckler, Subcommittee Chair.

The panel heard that the subcommittee is engaged in systems development and systems migration methodologies. It heard that the agency is migrating its databases, that it has several strategic development application projects underway and these projects align well with the agency's overall strategic and technology goals. It heard that the focus of the agency's IT roadmap should be on strategic systems and applications that will have a significant impact on business costs and results as well as IT costs.

The panel heard that a detailed system analysis should be undertaken to identify those systems that should be rewritten, modified, re-platformed, isolated or sunset. The subcommittee recommended that this become a function of the Chief Information Officer. The panel heard that the agency has conducted application portfolio management and it recommended that analysis be done in a systematic, realistic way.

The panel heard that the conversion and development strategy should include architectural decisions, resource requirements for the operation and maintenance of ongoing systems, a realistic to-be vision and a highly defined set of steps that the agency will take to achieve this vision. The panel recommended that ROI analysis on project re-platforming should include the cost of decommissioning old applications.

The panel heard that buy-in from business stakeholders will help ensure that investment decisions are driven by strategic priorities in the short and long terms. It heard that business stakeholders must agree to focus the agency's IT resources on strategic priorities and that these priorities should be used to drive IT investment decisions.

- f. Disability Backlog Subcommittee Update presented by Maria Morris, Subcommittee Chair.

The subcommittee discussed its expanded description of work and its actions taken. After subcommittee panel members and their private industry subject matter experts met with and supplied information to agency personnel, the subcommittee recommended that the agency have a single process owner of the end-to-end disability process who possesses expanded governance and decision rights. MetLife provided its job description for this position to SSA. The subcommittee recommended that the agency map business models before making final technology decisions and that activity based costing be used with the end-to-end decision making process.

- g. Panel Deliberations The panel moved to deliberate, discussed its role, its work, and considered written reports. It considered closing, creating and restructuring subcommittees. The panel agreed to combine the Health Information Technology Subcommittee with the Disability Backlog Subcommittee to form one joint subcommittee.

The minutes of the fourth panel meeting (August 2009) were approved.

Jeff Guild of the Computer and Communications Industry Association provided public comment and a letter from David R. Bryant; Attorney at Law was inserted in the record.

- h. Introductions and HIT Discussion presented by Jim Borland, Special Advisor for HIT, Office of the Commissioner.

Mr. Borland discussed the current healthcare debate and its potential effects on SSA, a change in focus from output to outcome, incentives for providers and technical assistance for clinicians, the American Recovery and Reinvestment Act and its high tech provisions, which are specific to HIT, and Health IT extension centers. He also discussed the agency's disability processing needs, its collection of large volumes of medical records, its move from paper to digital paper and structured data flowing over the Nationwide Health Information Network (NHIN), and the agency's leadership role in Health IT.

- i. State of HIT for the United States presented by Dr. David Blumenthal, National Coordinator for Health Information Technology, Department of Health and Human Services.

Dr. Blumenthal discussed the importance of information and electronic systems to medicine and said that these systems must be organic, fluid and responsive. He discussed the complicated nature of the current system, which includes tens of thousands of small businesses made up, in part, of physician's practices where over 200,000 professionals, over age 55, are more comfortable in a paper-based rather than electronic environment and only about 1/5 of all U.S. physicians have Electronic Health Records (EHR). He discussed the low level of

EHR adoption in hospitals and said that we are starting from a very low base of capability and trying to mobilize a highly decentralized system that is acculturated to paper and to a high level of autonomy. He discussed the sensitivity of information, the need to treat people in a very sensitive manner and the annual growth in need for health care. He discussed the incentives for HIT adoption under the American Recovery and Reinvestment Act using Medicare and Medicaid and the funding Congress provided for this purpose. He discussed the current fee-for-service system's incentives of volume rather than performance, the lack of a business case for improved quality of care and reduced cost, uncertainty in assessing the number of physicians and hospitals who will participate, the need for funding and technical support, Meaningful Use requirements, EHR standards and certification criteria and development of a governance system for the NHIN.

The panel discussed the drivers in health care spending growth, use of lessons-learned at other organizations, the expected decline in costs over IT iterations and the effect of increased volume on these costs.

j. State of Standards presented by panel member, Dr. John Halamka.

Dr. Halamka discussed Meaningful Use, IT content, vocabulary and transport standards, rollout schedules, data security and the consistent, broad data exchange of queryable information across the system nationwide.

Dr. Halamka discussed automatically created quality measures using EHR codified and structured data, text data in MEGAHIT, the use of Health Information Exchanges, the interoperability of data exchanges and the implementation and adoption of standards.

k. Re-imagining Subcommittee Update presented by panel member, Gregory Buoncontri on behalf of Dr. Hank Lucas, Subcommittee Chair

Using the February 2009 SSA 101 presentation as its basis, the subcommittee discussed as-is and to-be models of interaction with the agency, convenience, consumerization, use of Personal Digital Assistants (PDA), incentives and declining price points. The subcommittee discussed the agency's opportunities to educate and interact at significant life events, HIT, and Disability video teleconferencing from home or office.

The subcommittee recommended that the agency more actively promote the use of technology and form coalitions in both public and private sectors to do this.

l. HIT at SSA Today presented by Marty Prah, Lockheed Martin.

Mr. Prah discussed the history of HIT at the agency and provided a MEGAHIT technical overview. He discussed HIT and the NHIN and their use to support SSA's Disability impairment listings. He also discussed partnerships and interoperability, patient authorization, identification and credentialing, security, HIPPA and HITSP standards, the Continuity of Care Document, use of diagnostic procedure codes, disability listings, IT architecture, the agency's Connect

Gateway, business rules, licensing, vocabularies, capability and interoperability. He said that American Recovery and Reinvestment Act funds will be used to increase partnership among healthcare facilities and with Health Information Exchanges. He discussed efforts to expand business rules, the utilization of personal health records and natural language processing. He also discussed the use of a medical data repository, medical status updates and a more focused development of medical evidence.

The panel discussed prospective care plans for disabled claimants, architectural changes allowing improved MEGAHIT functionality, translation of terminology and NHIN scalability.

- m. SSA Strategic Vision of HIT presented by Jim Borland, Special Advisor for HIT, Office of the Commissioner.

Mr. Borland discussed the agency's business process and the hypothetical nature of the agency's HIT strategic visioning. He discussed efficient use of funding to produce business value and results, policy simplification, changes to law, initial HIT strategic goals, MEGAHIT expansion and competitive contracts, HIT pilots and processing times. Mr. Borland discussed the current status of the HIT vision, electronic authorization for release of medical records, MEGAHIT at Disability Determination Services and Hearing Offices, incentives, adoption, implementation, the Microsoft Health Vault PHR project, the central medical repository and viewer, the Federal MER (Medical Evidence of Record) process, interoperability between agencies, Meaningful Use, both image and structured data, data analysis for policy decisions, natural language, processing, standards, outreach goals and uses for aggregate medical data.

### 3. Certification



*Dianne L. Rose*

Dianne Rose